



# Youth Field Hockey - Spring 2006

## LOCATION:

DIXON PARK

## PRACTICES BEGIN:

**The Week of March 13**

Teams will practice either Mon/Wed or Tues/Thurs at **DIXON PARK**.

## GAMES BEGIN:

**Saturday, April 1**

All games will be on Saturdays and weekday evenings at **DIXON PARK**. Coaches will distribute schedules the week before play begins. Friday and Sunday may be used for makeup games.

## COACHES MEETING:

**Tuesday, February 28 at 6:30 p.m.**

Coaches will contact players with practice and team information the following week. All of our coaches are volunteers, so please be patient. The coaches meeting will be held at the Community Center.

## PARENTS MEETING:

**Tuesday, February 28 at 7:30 p.m.**

This orientation meeting, which will be held at the Community Center, is intended to answer questions and provide parents additional information concerning department policies and procedures before the season begins.

## TEAMS:

Department policy states that special requests for team placement cannot be honored. This includes requests for carpooling, assignment with friends, etc. **All children registered before the deadline will be placed on a team, but that does not assure the team of having a coach, so please consider coaching your child.**

## REGISTER:

**City - Tuesday, January 17 – Thursday, February 16**

**Non-City – Tuesday, January 24 – Thursday, February 16**

Birth certificate required at registration.

## FEE:

**\$20 City/\$40 Non-City**

**\$20 Late fee after February 16**



### **COACHES WANTED!!!**

In anticipation of participant growth and coaching turnover, we are now recruiting persons to serve as COACHES for our teams. **Expert knowledge or experience is not required**, just a desire to work with kids and help them have fun with sports. We provide all the resources and equipment you will need to feel comfortable with your coaching experience. If you are interested, please complete and return the form below along with a background check form (available from the receptionist) as soon as possible.

**Coach's Name** \_\_\_\_\_ **Child's Name** \_\_\_\_\_ **Phone(H)** \_\_\_\_\_ **(W)** \_\_\_\_\_

**Age Group (circle one)**    **ROOKIE**    **JUNIOR**    **SENIOR**  
   **7-9 yrs.**    **10-11 yrs.**    **12-15 yrs.**

**Practice Night Preference (circle one)**    **M/W**    **T/TH**    **No Preference**

**T-Shirt Size (circle one)**    **AM**    **AL**    **AXL**    **AXXL**

**I want to be a (circle one)**    **Head Coach**    **Assistant Coach**

**I would like to coach with:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

## SPRING 2006 YOUTH FIELD HOCKEY REGISTRATION

NAME: \_\_\_\_\_

GENDER: ☐ M ☐ F

HOME ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo/day/year

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ AGE: \_\_\_\_\_ (as of 5/15/06)

May we include your phone # as part of the team roster that is handed out to team mates? ☐ Yes ☐ No

Note: Your phone number will be given to your coach.

PARENT'S NAME: \_\_\_\_\_

PARENT'S DAY PHONE: \_\_\_\_\_

EMERGENCY CONTACT (NOT PARENT):

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

AGE GROUP		BORN BETWEEN	
<input type="checkbox"/>	Rookie(7-9)	05/16/96 -	05/15/99
<input type="checkbox"/>	Junior(10-11)	05/16/94 -	05/15/96
<input type="checkbox"/>	Senior (12-15)	05/16/90	05/15/94

T-SHIRT SIZE: ☐ M ☐ L ☐ S ☐ M ☐ L ☐ XL

PRACTICE DAY PREFERENCE: ☐ NO PREFERENCE ☐ MON/WED ☐ TUES/THURS

Does this child have a brother/sister or household member who is playing or played field hockey for this department? Yes No

If yes, which league/team? \_\_\_\_\_

If you DO NOT want your child to play for one particular coach, please name coach: \_\_\_\_\_

ATTENTION: Does your child have any physical disability, allergies, medication or facts of which we need to be aware?

☐ NO ☐ YES If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

**REGISTRATION DEADLINE: Thursday, February 16th**

**FEE: \$20 City/\$40 Non-City**

**\$20 Late fee after February 16th**

**FOR OFFICE USE ONLY:**

DATE: \_\_\_\_\_ AMOUNT RECEIVED: \$ \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

D.O.B. \_\_\_\_\_ VERIFIED BY: ☐ New ☐ BC List STAFF INITIALS: \_\_\_\_\_

AGE WAIVER? \_\_\_\_\_ FEE WAIVER? \_\_\_\_\_ AGE WAIVER FORM ATTACHED? \_\_\_\_\_